Substitute for form 1449A/PTO			0	Complete If Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Application Number	10/776,021	
				Filing Date	February 9, 2004	
				First Named Inventor	SHEHADA, Ramez Emile Necola	
				Art Unit	3761	
				Examiner Name	HAND, Melanie Jo	
Sheet	1	of	1	Attorney Docket Number	064693-0103	

Examiner	Cite No. 1	Document Number	Issue Date	Name of Patentee or Applicant of Cited Document Schulze et al.	
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/MH/	1	US-7,223,239	05-29-2007		
1	2	US-7,130,679	10-31-2006	Parsonnet et al.	
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<u> </u>	5	US-6,556,851	04-29-2003	Ott et al.	
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/MH/	8	2003/0181890	09-25-2003	Schulze et al.	
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Examiner	Malaria Handl	Date	10/17/2007
Signature	/ivielanie Hand/	Considered	10/17/2007

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language translation is attached.